

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	/					
19	/	/				
20	/	/				
21	/	/				
22	/	/				
23	/	/				
24	/	/				
25	/	/				
26	/	/				
27	/	/				
28	/	/				
29	/	/				
30	/	/				
31	/	/				
32	/	/				
33	/	/				
34	/	/				
35	/	/				
36	/	/				
37	/	/				
38	/	/				
39	/	/				
40	/	/				
41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.	16					
TOTAL DEP.	102					
TOTAL CLAIMS	118					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
53		3				
54		1				
55		1				
56		3				
57	/	3				
58		1				
59		1				
60		3				
61	/	3				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68	/					
69						
70						
71						
72						
73						
74						
75	/					
76						
77						
78						
79						
80						
81						
82	/					
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						